

PRINTED: 08/25/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/08/2014
NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOMES # 23		STREET ADDRESS, CITY, STATE, ZIP CODE 231 COUNTRY TIME CIRCLE LEICESTER, NC 28748			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments Report by Glenn Hoplin DHSR Construction Section conducted a Biennial Survey on November 06, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on December 19, 1998 as a Family Care Home for six Residents with no more than three who are non-ambulatory (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1986 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000			
C 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0300 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: The ventilation fans in the resident bathrooms did not work at the time of the survey. Have a	C 137		All Completed 10/14/15	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

K0CJH21

If continuation sheet 1 of 2

PRINTED: 08/26/2015
FORM APPROVED

Division of Health Service Regulation

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C 137	Continued From page 1 qualified individual repair or replace the ventilation fans. Provide photos and copies of all receipts, invoices, and work orders concerning this repair to the DHSR Construction section.	C 137	All Completed		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The bathroom ventilation fan in the staff quarters is missing a cover and has improper materials sealing the open penetrations in the ceiling. Have a qualified individual replace the missing cover and seal all open penetrations with an approved fire sealant. Provide photos, receipts, invoices and any other documentation concerning this repair to the DHSR Construction Section. 2. The ceiling in bedroom number six has a large water stain on it. The provider stated that the roof had leaked in the last year and has been repaired. Provide any documentation to the DHSR Construction section concerning the roof repair. Have a qualified individual prime and paint the ceiling in bedroom number six. Provide photos and any other documentation concerning this repair to the DHSR Construction section.	C 174			